

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	1					
29		1				
30						
31						
32						
33						
34						
35						
36						
37	1					
38		1				
39			1			
40				1		
41					1	
42						1
43						1
44						1
45						1
46	1					
47		1				
48			1			
49				1		
50					1	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	1					
56	1					
57		1				
58			1			
59				1		
60					1	
61						1
62						1
63						1
64						1
65						1
66						1
67						1
68						1
69						1
70						1
71						1
72						1
73						1
74						1
75						1
76						1
77						1
78						1
79						1
80						1
81						1
82						1
83						1
84						1
85						1
86						1
87						1
88						1
89						1
90						1
91						1
92						1
93						1
94						1
95						1
96						1
97						1
98						1
99						1
100						1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						